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Communications.

NOTE ON THE USE OF THE CLOSED LEVER-PESSARY.

BY WILLIAM GOODELL, M. D.

Physician-in-Charge of the Preston Retreat; Clinical Professor of the Diseases of Women and Children, in the University of Pennsylvania, etc.

Take it all in all, the very best pessary yet devised is Hodge's closed lever-pessary, or such a modification of it (Smith's) as I have represented in Vol. xxx, p. 24, of this journal. I find, however, that the majority of practitioners resort to the routine use of that most illogical instrument, the ring-pessary, simply because none of the text-books in their libraries describe the mechanism of the action of the lever-pessary, or the method of its introduction. In ignorance of this fact, the remarks made by me in the above-named issue of this journal were based on the idea that all my readers were more or less familiar with this instrument. Finding myself mistaken, I wish to enlarge upon the subject in words supplemental to those previously written, and this note should, therefore, be read in conjunction with my former article.

As its name indicates, this pessary acts on the principle of a lever. To borrow the words of the lamented inventor, "it operates as a lever in elevating the fundus from its mal-position against the sacrum to its normal position behind the bladder; that portion of the pessary which is posterior to the neck of the organ being the 'short arm,' while all anterior to the neck is the 'long arm,' and the 'fulcrum,' or support, is the posterior surface of the vagina." When properly adjusted, one end of this lever rests upon the anterior wall of the vagina, the other impinges upon the upper part of the posterior wall, behind the cervix. So placed, it is in constant motion, responding to every movement of the diaphragm, and, indeed, to every movement of the body, just as the womb does when in a state of health. For instance: during the act of inspiration, the descending diaphragm crowds down the abdominal viscera upon the bladder, to which are attached the cervix uteri and the anterior wall of the vagina. These organs, therefore, descend. As a result, the lower, or anterior, end of the lever is necessarily pushed down by the descending anterior wall of the vagina on which it rests; while its upper, or posterior, end proportionally rises up, and tilts forward the retroverted or the retroflexed fundus. In expiration the reverse takes place. The pressure is, therefore, not a steady one, but a gentle rocking one, which is the most efficient of all. It is also the one least liable to inflict injury upon the soft parts, because the points of pressure are varying ones. But to attain these ends, the pessary must be mobile, and never so large as to put the vagina on the stretch; otherwise it loses its distinctive action of a lever, and degenerates into an ordinary ring-pessary. It should, further, impinge on the soft parts only, and take no bearing on the solid structures of the pelvis. Here I wish to modify a too-sweeping statement made in my former paper, that its "anterior bar plants itself firmly against the posterior surface of the pubic symphysis, or against the angle formed by the converging rami of the pubic bones."

True, this is liable to happen when the Hodge pessary is too large, or the curve faulty, or the womb too heavy; and on this account, as well as for others there indicated, I much prefer Smith's modification. But such a firm basis of support was not intended by the inventor, and his pessary always acts best when its lower bar presses upon the soft and yielding anterior wall of the vagina, instead of upon the pubic bones.

Both the Hodge and the Smith pessary have two curves, a small one and a large one, making the instrument resemble somewhat the letter S. But in the latter the small curve is sharper than that of the Hodge pessary, and, on this account, the extremity of its large curve is the one which must *always* be introduced first, and be placed behind the cervix of the womb. This rule generally holds good also with the Hodge pessary, but there are certain exceptions. Thus, if in retroversions or retroflexions the fundus of the womb is too sensitive to stand the greater pressure of the large curve; if the vagina is short and rigid, or the womb not very movable; the Hodge pessary may be reversed, and the small curve placed temporarily behind the cervix, until these difficulties are overcome. This plan may also be tried whenever the cervix does not project into the vagina, but is flush with the posterior vaginal wall; and whenever an anteflexion, an anteversion, or a prolapse of the womb is not relieved by the introduction of the large curve first.

For the guidance of those practitioners who have never used the lever pessary, I subjoin the following general rules:—

1. The uterine, or upper, end must always lodge *behind* the cervix uteri.

2. *Always* in the Smith pessary, and *usually* in the Hodge pessary, the uterine end is the one which has the large curve.

3. The concavity of the large curve must always look toward the anterior wall of the vagina, and the convexity rest upon its posterior wall.

4. When *in situ* the pessary should fit so loosely as to be freely movable, and to admit the finger very easily between its anterior bar and the pubic symphysis.

The introduction of the lever pessary can be readily effected by a practiced hand in any position the woman may assume. But the following method is perhaps the best:—The woman lies on her back across the bed, as near to the edge as possible, and with her knees drawn up. The physician passes the fore- and the middle finger of his left hand just inside the vulva, slightly separates them, and at the same time gently presses the perineum downward. The tips of the fingers of the right hand so hold the pessary that the concavity of its large curve looks toward the woman's left thigh, in other words with the free end of the pessary in a line with the vulval opening. This end of the pessary is now to be slipped in between the fingers of the left hand, and the whole instrument made to enter the vagina by a firm downward pressure on the perineum. When it is wholly within, the guiding fingers of the right hand now turn it half round on its long axis, so as to make the concavity of its large curve look directly upward toward the anterior wall of the vagina. The pessary will now be found quite immovable, and with its upper bar pressing firmly on the front of the cervix. This position gives more or less pain to the woman, and the physician, therefore, hastens to introduce the index finger of his right hand through the loop, or opening of the pessary, and hook down, or press down the upper bar until it slips over the cervix into the *cul de sac* behind. In order to facilitate this last manœuvre, I teach students to tilt the lower bar of the pessary upward with the fingers of the right hand, and depress the upper bar by downward pressure, with the index finger of the left hand. But this is more easily understood by a practical demonstration on the living subject, than by any verbal or written description. Finally, to verify the accuracy of the adjustment, the finger should not be withdrawn from the vagina, until it has felt the cervix projecting through the loop of the pessary.

No properly fitting lever gives any pain; but, like any other pessary, it ought to be occasionally removed, and the vagina examined for abrasions. The most common seat of an abrasion is at the junction of the cervix with the posterior wall of the vagina. For purposes of cleanliness, the patient should be instructed to use a daily vaginal injection of tepid water. She should be told also to report to her physician whenever a sense of uneasiness is felt.

To remove the pessary, the fore-finger is hooked loosely over the lower bar, and traction gently made, at first backward, and afterwards in the direction which the lever will of itself take. It then usually rotates spontaneously on its long axis, and comes out edgewise in the curve of the outlet.

Hospital Reports.

PHILADELPHIA HOSPITAL.

EXTRACT FROM THE SURGICAL CLINIC OF JOHN H. BRINTON, M. D., WEDNESDAY, SEPT. 9TH, 1874.

Internal Hemorrhoids.

* * * * The next case, Gentlemen, to which I will invite your attention, is one of hemorrhoids, or piles, as they are commonly termed. The man's history is the following:—

He is sixty years of age, and has suffered, he says, for thirty years with an enlargement or protrusion from the anus. During the last ten years these tumors have bled, and bled profusely. This aggravated hemorrhage has occurred every three or four weeks, but in the intervals there has always been more or less loss of blood. As a result of this constant drain, his constitution has suffered severely; he is weak and feeble, possesses no energy, and is unable, as he assures me, to earn his living. He has, therefore, sought the shelter of this Institution, in the hope of being cured.

Now before I proceed to the examination and treatment of this case, let me briefly explain to you the causes and pathology of this troublesome affection. In the first place, what are hemorrhoids? The derivation of the term is from the two Greek words Hæma, blood, and Reo, to flow, and signifies, therefore, literally, a flow or flux of blood. But all piles do not bleed; and they have therefore been variously subdivided at different times and by different writers.

In the first place, there is the classification into the "blind piles," hemorrhoides cecæ, and the "open or bleeding" pile, hemorrhoides apertæ, and these are the terms which have been largely employed by the older surgeons. Another classification, and perhaps the more common, is that into internal and external piles, according as the tumor is developed above or within, or below and external to the external sphincter ani muscle. The former, the internal pile, which is often accompanied by bleeding, corresponds with the open pile of the ancient surgeons.

And now let me say a few words relative to the character of a hemorrhoid. Essentially, hemorrhoids depend upon a varicose condition of the veins of the rectum, at all events, in their incipient stages. You know, perhaps, that the lower part of the rectum is supplied with blood through three channels; the superior, middle, and inferior hemorrhoidal arteries. The first named vessel is given off by the inferior mesenteric; the second by the internal iliac, and the last named by the internal pudic arteries. These different hemorrhoidal arteries are accompanied by their respective veins. As a consequence, the blood from the rectum finds its way back into the general circulation through three channels, to wit., the internal iliac, internal pudic, and inferior mesenteric trunks. The latter, as it ascends, pours its blood into the portal vein, and passes through the liver.

You will thus understand, I trust, how it happens that the superior hemorrhoidal vein, a vein of considerable length, destitute of valves, and entering into the composition of the portal system, may at any time be subjected to the general disturbing hepatic influences which tend to produce portal congestion. And you will also see how, such portal congestion having occurred, we may have interference exerted upon the return of the blood from the rectum, through the medium of the superior hemorrhoidal, and its prolongation, the inferior mesenteric veins. This distribution of the rectal veins and arteries will be more clear, if you glance for a moment at this exaggerated diagram in colors, (demonstration made by the lecturer).

Now, Gentlemen, let us suppose that from any cause, whether portal disturbance, the result of liver trouble, or from constipation, and the accumulated fecal pressure upon the rectal veins, or from other causes, these veins should be kept permanently engorged or filled with blood, what would result? Inevitably there would be over-distention of the veins, accompanied at first by thinning and afterwards by hypertrophy of their walls. In other words, these veins would become varicose, and such varicosity would be most marked at their inferior termination, near the anus, where, as you observe in the diagram, the venous trunks inosculate freely, and form lips or pouches. That portion of the varix which forms above the sphincter ani, and which is covered by the mucous membrane of the gut, is known as the internal pile. That which is developed below this muscle, and which has a muco-cutaneous covering, is the external pile.

In its incipient stage, the interior of the dilated or varicose vein is usually patulous, so as to permit the free passage or circulation of blood. In a short time, however, clots form, especially in the external pile. I shall doubtless have frequent occasion to show you how, by an incision of such a hemorrhoid, a clot can be evacuated from the containing cavity. It often, too, happens that these sacs suppurate and discharge their contents, and there are left only those pendulous folds of skin, tabs, as patients call them, which we so frequently observe fringing the external margin of the anus.

I have spoken to you, thus far, of a hemorrhoid as a varicosity or dilatation of a vein. But it may be, and most frequently, indeed, is something more, especially when the affection has been of long duration. For then we find that besides the distention of the walls of the vein, there is also thickening and hypertrophy, and that upon the outside of the venous parietes a thick, projecting velvety growth develops. This is well supplied with small arteries, which bleed freely when examined, and which bleed, too, most copiously, during the evacuation of the patient's bowels. Occasionally this hemorrhage occurs at almost every evacuation; but usually, I think, the bleeding is only severe at intervals of two or three weeks. In the interim

there may be some bleeding, but generally far less in quantity, and often, indeed, sufficient only to constitute a stain.

The external pile inconveniences its possessor by the sense of weight, distention, and irritation which accompany it, and by its tendency to undergo attacks of acute inflammation. It is oftentimes, too, attended by an intolerable pruritus. The internal pile, in addition to most of the above-mentioned inconveniences. is marked also by the bleeding from which it derives one of its synonyms, and which, as I have stated, is not infrequently periodical and prodigious.

With these preliminary remarks, let us proceed to the examination of the patient upon the table. Bearing in mind the long period during which he has labored under this distressing affection, you would naturally expect to find considerable structural lesions. To prepare him for this examination, and for any operation which may be necessary, I have caused his bowels to be freely acted upon by castor oil, followed by the employment of a full injection. He has also been directed to strain over a bucket of hot water, in order to force down the offending growths. Now, as I separate the buttocks, you observe the large size of the hemorrhoidal mass, projecting from above the external sphincter. Mark, if you please, its dark, villous appearance, and its extent of base, embracing almost the entire circumference of the bowel. The surface of the tumor is studded with hemorrhagic points, and, as I press upon the mass, the blood flows freely. Underneath the pile you observe a projecting ring or fullness surrounding the anus. This is caused by a partial prolapse of the lower portion of the rectum, dependent, no doubt, on the long-continued habit of constipation into which the man has fallen; for he states that his bowels are rarely moved twice a week, often, indeed, but three times in two weeks. The removal of the hemorrhoid will doubtless relieve this prolapse.

The case is evidently a bad one, of internal or bleeding piles. Now, how shall I proceed to their cure?

Excision by the knife or scissors is out of the question. Such an attempt would certainly be followed by terrible bleeding. Removal by the ecraseur, or by a platina wire heated to a white heat by the galvano-cautery, are also objectionable, for both of these methods are, at times, apt to be followed by troublesome hemorrhage. So, also, is the destruction of the growth by the actual cautery, after the method of Mr. Henry Smith, of King's College, London.

The method which I adopt in all of these cases of internal piles, and which I confidently recommend to you, is that of ligation. If you follow me closely you will see how this is effected. The patient will now be brought under the influence of ether, and while this is being done, I will draw your attention to the modus operandi of the ligature in these cases. I have here a stout curved needle, with a large eye. This is armed with a strong double ligature, in fact a piece of fishing line, which cannot be broken by any strain my hands can put upon it. With this I intend to traverse the base of the tumor, and I shall then strangulate the mass in segments. It will at once occur to you that this procedure may be productive of great pain to the patient when he shall have emerged from the effects of the ether. Not so, if the ligature be properly applied.

In this diagram the mode of nerve distribution at the anal orifice is correctly represented. It is copied from Mr. Hilton's book on "Rest and Pain." You see here the internal pudic nerve sending a shower of branches from above downward through the thickness of the rectal walls. A little distance above the anus these nerve filaments rest *beneath* the mucous membrane, and they pierce this latter, to be distributed cutaneously on the line at which the mucous and cutaneous surfaces become continuous. This locality you can recognize in the living subject by a whitish line; see, here it is, on our patient.

He is now fully under the anæsthetic, and I proceed to my operation. First of all, I grasp the hemorrhoidal mass with this strong, toothed forceps, draw it strongly downward, and have it so held by my assistant, Dr. Keating. I then take my scalpel and make an incision along the white muco-cutaneous line I have indicated to you. This incision is not deep, but is sufficient to divide the thickness of the mucous membrane, and consequently also the filaments of the pudic nerves just above their emergence. I next pass through a needle with its double ligature, the point entering in the cut I have made, and escaping above the hemorrhoid. I divide the ligature and remove the needle. The respective ends of the two ligatures are then tied, the upper one over the mucous surface of the pile, whilst the lower one falls in the track I have made with my scalpel. I then surround the bases of both included masses with a thread from either ligature, and knot them very tightly. This I do to prevent any bleeding at the point of needle puncture. This series of manœuvres I repeat until the entire mass of the tumor is surrounded; in the patient before you three needles and five ligatures are demanded. You have witnessed how forcibly I tie the thread. Remember, that the more tightly you tie them the more perfect will be the strangulation, the less the danger of hemorrhage, and the more rapid the cure.

The operation is finished, the whole hemorrhoidal growth is strangulated—and you saw how large it was. I then return the mass within the bowel, leaving the free end of the ligatures twisted together and projecting through the anus, in case a possible hemorrhage might render further manipulation desirable, although this is hardly to be anticipated.

For after treatment I direct a one-grain old opium pill, to be repeated in four hours, and afterwards as often as may be necessary to prevent any motion of the bowels. His food will be of a fluid and farinaceous character. The constipation I enforce for seven or eight days, at

the expiration of which time I order a more solid diet, which, in all probability, will be followed by a natural motion and the fall of the ligatures, unless they should separate earlier.

In this manner I trust to conduct this case to a speedy cure, when I hope to bring him before you again. In any event, should complications arise, I will keep you informed. You may think, perhaps, Gentlemen, that I have dwelt at undue length on what you may regard as a little operation. But, believe me, such an operation is by no means a trivial one, especially in private practice. Rest assured that it is only by strict attention to the minor matters of the law that you can expect to reach your great desideratum of success. * * * *

LONG ISLAND COLLEGE HOSPITAL.

SERVICE OF PROF. JARVIS S. WIGHT.

(Reported by Benj. F. Westbrook, House Surgeon.)

A Case of Venereal Sore Treated with a Solution of Sulphate of Quinine.

Peter Clark, æt. twenty-eight years, Irish, a sailor, was admitted to the hospital June 15th. He then had phymosis, with considerable swelling, and several sores could be felt through the prepuce.

On the 18th of June he was circumcised, but the parts did not heal, and by the 1st of July the penis, behind the glans, was entirely surrounded by a phagadenic sore, three-quarters of an inch wide. There was also a small sore at the meatus. On July 1st the entire surface was cauterized with chloride of zinc.

On the 2d of July, no improvement being seen, directions were given to paint the sores twice daily with a solution of quinine, one drachm to four ounces of water, with a sufficient quantity of dilute sulphuric acid to dissolve it. It was dressed with a weak solution of permanganate of potash.

On the 29th of July the sores were almost entirely healed. He was discharged on the 4th of August, well, with the exception of some hyperæmia and a small abrasion at the meatus.

MEDICAL SOCIETIES.

BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

Traumatic Cataract.

Dr. Friedenwald presented a patient to the observation of the Association, and remarked: I desire to say a few words concerning traumatic cataract, in explanation of the case I present to you this evening. Traumatic cataract is usually produced by some instrument having penetrated either the cornea or sclerotica, lacerating the lenticular capsule. Sometimes the capsule is ruptured without a solution of continuity in the coats of the eye having occurred, the accident being the result of a contusion. The capsule may also, in rare cases, give way in consequence of greatly increased intra-ocular pressure, as in glaucoma, and we then find opacity of the lens independent of depraved nutrition, to which it is almost invariably due in this disease. Fortunately, in some cases, a very limited lesion of the capsule may be repaired without any injury to the lens ensuing; sometimes leaving a circumscribed opacity at the punctured part; and, in rare instances, the capsule regaining its transparency perfectly. In the great majority of cases, however, the slightest laceration of the capsule will suffice to produce a cataractous degeneration of the lens; in these cases the lenticular substance, exposed to the action of the aqueous humor, imbibes the fluid, becomes opaque and swells; in consequence of this swelling the rent is enlarged, more of the lens is exposed, and finally becomes completely involved.

Traumatic cataract must always be regarded as a very serious injury to the eye, for even when the cataract is absorbed and the clearness of the transmitting media restored, the accommodation is lost and binocular vision seriously interfered with; while in the more unfavorable cases, in consequence of inflammation supervening, the vision may be entirely destroyed. The prognosis varies according to the manner in which it is produced. The consistence of the lens, the age of the individual, and the degree of inflammatory reaction have their weight in making up the prognosis. When the injury is due to a fine needle, for instance, puncturing the capsule, the changes in the lens take place gradually, and there is much less danger to be apprehended than when the injury is produced by a coarser instrument lacerating the capsule extensively; in the latter case the swelling of the lens is more rapidly induced, the iris pressed forward, and the sight may be destroyed either by severe iritis, or by increased intra-ocular pressure. When the accident befalls a young individual, the lens being soft, it becomes readily absorbed, and before the age of puberty, the iris not being very sensitive to pressure from the swollen lens, there will, in many cases, be no inflammatory action at all; and in many others only to a limited degree. It is very imprudent to rely on a hard cataract being absorbed. The changes to be expected in a hard cataract of traumatic origin are, secondary degeneration, calcification, etc., thereby becoming a foreign body of very threatening character. In all cases of traumatic cataract the degree of inflammation resulting is to be taken into consideration in forming the prognosis, and in deciding upon the treatment. When the inflammatory symptoms do not readily subside after the appropriate remedies have been employed, the case will usually terminate disastrously, unless the lens, the cause of the irritation, is removed. In young persons, the lens being soft, surgical interference is not so often required. It is necessary in these cases to keep the pupil well dilated, in order to relieve the iris from the pressure of the swollen lens, and under this

treatment many cases do well; but it is important that they should all be well watched, so that the lens may be promptly removed when its presence threatens destructive inflammation. In the case of a young man, 18 years of age, with congenital cataract, in which I lacerated the capsule very carefully, a violent inflammation ensued, notwithstanding the operation had been preceded some weeks by an iridectomy, an expedient which generally establishes a tolerance to the swelling of the lens. In this case extraction of the lens promptly relieved all difficulty, and the patient recovered very good vision. The case before you was produced by a piece of steel entering the cornea at a point marked by a slight opacity. He received the injury about ten weeks ago. He was attended by the family physician, who, eight weeks since, brought him to me, supposing an operation indicated. On examining I found the lens opaque and very much increased in volume, nearly filling the anterior chamber. He had not suffered the slightest pain up to the time he was brought to me, nor were any symptoms of inflammation perceptible. I took this as a case *not requiring an operation*, and so expressed my opinion to the family physician, who, upon an explanation, coincided with me. But the patient was subsequently taken, without the consent of the family physician, to another ophthalmic surgeon of this city, who stated that an operation was imperative He was afterwards placed in my care, and I present him to you to show you that the cataract has almost entirely disappeared, and that his sight is very satisfactory. The treatment employed was simply the instillation of atropia. Why did I decline to operate? Because I thought that there would be less risk in depending on the absorption of the cataract than attending the operation; besides the advantages to be considered, that he has now a perfect pupil, which probably would have been more or less mutilated had an operation been performed.

Retained Placenta.

Dr. Morris said that he did not believe in any such thing; it results from bad midwifery. The British practice of waiting is faulty. As soon as the child is born, his habit is to cut the cord, hand the child to the nurse, and proceed at once to deliver the placenta by drawing on the cord with one hand, while the nurse presses upon the fundus. After an experience of two thousand cases, his confidence in this mode of procedure is only strengthened. Irregular contractions result from bad midwifery. He has had but one case of hour-glass contraction, and that gave way to steady pressure of the fingers held in shape of a cone. Retained placenta must not be confounded with adherent placenta. Saw once a case of the latter on Gay street. There was great flooding, the cord was off, and the attachment was to the whole periphery. The placenta had to be taken away in fragments. Fourteen months after, saw the same lady with her uterus inverted and lying out on the bed. Made a cone of his fingers, and returned it to its normal position. He does fear delay in the delivery of the placenta, and if it does not come in a few minutes, he uses manual art. Does not think it necessary to wait after the womb has contracted. He may give ergot and wait, if there is hemorrhage. With the hand grasping the fundus and traction on the cord delivery will take place in nineteen times out of twenty, without the introduction of the hand into the womb. He would not leave a patient within ten or fifteen minutes after delivery, on account of the liability to hemorrhage. He has had some dangerous cases in which he has found it necessary to use liq. ferri subsulph.

Dr. Arnold said that in some cases of abortion it is very difficult to remove the placenta. He thought the best plan was to get away as much of it as possible, and trust the rest to the expulsive force of the uterine contractions.

Dr. Wayson spoke of some cases of hour-glass contraction, in which the placenta was retained, which yielded to digital pressure. In one case, he removed the placenta four days after the birth of the child. By traction on the cord and manipulating the fundus delivery is usually easy.

Dr. Reynolds related a case which had been attended by a midwife, and which he saw a week afterwards, and found the placenta still remaining. A large part could not be removed, in consequence of firm contraction. This came away in small pieces, emitting an intolerable stench. Septicæmia resulted, from which the woman gradually recovered under the use of quinine and iron.

Dr. Williams mentioned some cases in which there appeared to be a predisposition to post-partum hemorrhage for one, two, or three hours after delivery. He made it a rule to give ergot in his first attendance on every case, to secure contraction of the uterus and prevent hemorrhage. Ergot also prevents absorption from the uterine cavity. In adherent placenta the child is always still-born.

Dr. Hartman said he made it a practice to grasp the fundus and draw on the cord. He saw a case of contraction of the vagina, in which he used steady pressure of the fingers for an hour before it yielded. He found the placenta in the vagina above the contraction. He does not think it always safe to leave early; he had a case of hemorrhage after firm contraction.

Small-pox.

Dr. Tanneyhill called attention to several cases of small-pox treated antiseptically during the late epidemic. He remarked that it was bold ground to take, but he believed that he had not only prevented pitting, but had actually abated the disease. His attention was called to this mode of treatment by a paper in the *British Medical Journal*, November, 1871, by Mr. Sansom. He treated his cases constitutionally and locally; the principal object being to disin-

fect the patient, so to speak, internally and externally. For internal disinfection the sulphite of sodium was preferred, on account of its becoming possessed of all the properties of free sulphurous acid in its passage through and decomposition in, the system. This is the opinion of Palli, of Milan, who also asserts that large doses cause no inconvenience, and its action is more constant and intense than sulphurous acid. Dr. T. gave fifteen to twenty grains every five hours, at the same time interdicting lemonade and all acidulous drinks, as they would, by decomposing it, destroy all effect of the sulphite. This he continued until the crusts began to fall off, when he substituted bromo-chloralum, five drops ter die, well diluted. The local treatment was prosecuted after the primary fever had subsided, on the principle that we had purely a skin disease to deal with. If the eruption was papular he applied very freely, over the whole body, a liniment, as recommended by Sansom,

R.	Acid. carbolic,	℥j.
	Ol. olivæ,	℥ij.

three times a day, washing off with bromo-chloralum one part, to aqua ten parts, and once a day sponging the surface, using carbolic acid soap. As soon as the papules became vesicles each one was touched with pure carbolic acid, by means of a camel's hair pencil, with the view of preventing them becoming pustules, and thus preventing the suppurative fever. Immediately after touching with the acid the liniment was freely applied and continued, thus preventing the surface of the cauterized vesicles being exposed to the air. Where the patient was strong enough, he was instructed to touch the vesicles himself, but when too prostrate the touching was done by the nurse. The results of these experiments were, in all seven cases, most astonishingly satisfactory. One case, a boy, eight years old, was, during the primary fever, with a pulse of 132 and a temperature of 107°, so delirious that he was tied, to prevent bodily injury. On the fifth day after the touching all the crusts were off, leaving very slight marks and no deep pitting. A gentleman, who had never been vaccinated, had not rested for three nights, but slept soundly after the application of the liniment. Four days after the final touching the crusts came in masses, one and a half inches in diameter. By the treatment the disease was arrested. No suppurative fever ensued in any of the cases (seven in number), and all recovered in half the usual time. Three other cases treated in the usual manner were prostrated by very serious secondary fever, and one of them died. The Doctor is also persuaded that this double disinfecting of the patient prevents, to a great extent, the virulence of the contagion, and lessens its communicability. Morphia, as an anodyne, spts. mindereri, and spts. ether nit., as febrifuges, light diet, good ventilation, constant attention by a faithful and intelligent nurse, and the free use of bromo-chloralum, were availed of in all these cases.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, MD.

Remarks following Prof. A. B. Arnold's Address on Hydrophobia.

BY JNO. J. CALDWELL, M. D.

MR. PRESIDENT:—The few remarks we shall make, following the exhaustive observations of the learned Professor upon this mysterious and almost unknown disease, will have for their object to call the attention of the society to

1. The terminology;
2. The analogy existing between this and other incubative poisons;
3. To some points of treatment;
4. To refer to a few cases under our own observation.

It would be well if the Professor could adopt another name which would have a better and closer relation to the pathology and symptoms of this malady. As "toxæmia canina vel felina," or the poisonous effects following the bite of rabid dogs or cats.

This poison has its inception, its incubation, and its explosion, or final demonstration, as well as its point or points of election. The same may be said of the bites of venomous serpents or insects, which either act locally or overwhelm the nervous system: also of the poison of small-pox and scarlet fever, which select the surfaces; of puerperal fever, electing the peritoneum; of typhoid poisoning, electing the mucous membrane of the bowels; or spotted fever, electing the meninges of the brain and spinal cord. Thus the poison commonly known as rabies virus, no matter where inserted, elects for its point of explosion the brain, the upper portion of the spinal cord, the muscles of the neck and chest; while strychnine and tetanus choose the spinal axis, leaving the brain free. In hydrophobia the brain, the medulla, and the cervical spine are, in the last stages, more or less hyperæmic; hence the proneness to frequent clonic spasm, and the irritation of light, of sound, of draughts of air, of particles of fluids or solids, upon the muscles of deglutition. Indeed, so hyperæsthetic are these centres that the slightest irritation will produce convulsion. The pathology of this disease is involved in great obscurity; indeed, the same may be said of all incubating poisons acting by reflex forces upon distant centres, in consequence of the extreme minuteness of nerve vesicles, requiring the aid of powerful microscopic observation to witness these minute changes, as well as the speculum, to appreciate the chemical and vital metamorphosis. None of our savans have been able to trace the "materies morbi," or its pathological tracts from the point of inception to their field of explosion in any of these incubative poisons. But what particularly maintains with the poison under discussion; what especially distinguishes it from the others, is its election of three of the most vital points of the economy, viz., the brain appendages, the respiratory and circulatory centres, while other incubating and elective diseases involve more remote and less

vital localities. Here, we believe, rests the explanation of the great dread of, and fearful mortality from, hydrophobia, of tetanus, and poison of strychnia, but especially with the first named, for the brain. and its membranes, and the upper part of the spinal cord, and sometimes the nerves of the wound, the mouth, the windpipe, and the lungs, are found in a congested state, no doubt principally from the loss of function, and thus we can account for the unhappy symptoms of pain and uneasiness in the stomach, throat, and lungs, during the last scene or stage of the disease, for the stiff and unwieldy tongue for the indistinct speech, for the rigid muscles of the throat, for the impeded deglutition, the dread of swallowing, and the convulsions of the muscles of this locality, and for the irregular mental disturbances. The causes have been generally attributed to rabid cats and dogs, but later writers have attributed the disease to several other wild and domestic animals, while laboring under the various passions, such as anger, rage, fright, heat, etc. A late writer has claimed the disease uniformly resulting from the bite of a pole-cat or skunk. In an article upon the subject (we think in the Virginia *Medical Monthly*, for September) is given a large experience and much data from field of practice of the writer in Nevada. In our own experience of four cases (three while a student at Bellevue, and one in private practice), one that proved rapidly fatal was caused by the bite of a cat while the pound master was endeavoring to rescue her from a number of dogs in the pound.

Again, we read, from the *Evening News*, of a remarkable case of hydrophobia.

CHICAGO, Sept. 16.—A singular case of death from hydrophobia occurred here last Saturday. The facts of the case have just been made public, and are as follows:—Charles Haake, a boy six years of age, was bitten on the head by a cat, which he was chastising for some reason, about four weeks ago. The wound was so slight that the child did not complain of it at all, but on Saturday morning last he was taken with all the symptoms of hydrophobia, and died before night. The cat has never at any time exhibited any signs of madness, and the physicians who attended the boy regard it as the most remarkable case extant.

TREATMENT.

As to prophylaxis. It is the uniform and established plan, by most practitioners, to cauterize and wash the wound as soon as practicable, the sooner the better. Indeed, if this mode should maintain throughout the non-professional as well as the professional world, many valuable lives might be saved. We would suggest that this, as well as many other medical truths, should be universally taught and practiced, as is the case among the barbaric and semi-barbaric races.

We will here cite a case occurring some ten or twelve years ago, wherein a little girl was badly bitten by a rabid dog. It so happened, while visiting one of the suburban villages of New York city, her grandfather sent her to the village post-office with a pony-cart and driver. While waiting at the store door, a dog came running along snapping at everything in his way. He bit her pony through the nose. During the struggle she was thrown to the ground, the dog biting her through the pectoral muscles of the right side, incising, lacerating, scratching and bruising the parts in a terrible manner. A few minutes after this accident we were by her side. We washed the parts thoroughly and cauterized them with nitro-muriatic acid. Our patient recovered, and at our last hearing was doing well, enjoying the best of health (several years after the accident), while the pony and other animals bitten by this dog suffered and died with this disease within a few weeks.

INCUBATION.

If during the stage of incubation an agent could be introduced by the mouth or rectum which would have the power of acting as an antidote, and thus neutralize the poison which is circulating in the blood, and prevent its acting perniciously upon the nervous centres, and especially the brain and medulla spinalis, the discoverer would confer a boon upon humanity, and place himself in the temple of fame side by side with the immortal Jenner.

REMEDIES.

Of all remedies, none are so fully adapted to the symptoms as chloroform, chloral hydrate and the croton-chloral hydrate; to allay and lessen the hyperæmia and hyperæsthesia of the neural tripod of life, the brain, medulla spinalis, and great sympathetic, in order to maintain life's currents and facilitate the molecular change, and thus eradicate the poisons, the constant galvanic current should be exhibited powerfully and continuously through these implicated axes. If necessary, they should be continued for any number of days. Nourishment should be administered by the rectum and hypodermically.

In conclusion, we will cite the following, to corroborate our theory.

Hammond, page 559. "Dr. Schward, of Milan, attempted the cure of this disease by the primary galvanic current. In one case the current was feeble, and was continued for nineteen hours. Great improvement ensued, the oppression disappeared, and the dysphagia was entirely relieved. Through some misunderstanding advantage was not taken of these ameliorations, and the patient was allowed to die. In the other case, which was one of undoubted hydrophobia, occurring in a girl nine years old, the current from twenty-two Daniel's cells was employed. The current was passed from the soles of the feet to the forehead, for fifty-eight hours, almost continuously, and the duration of the disease prolonged to seven days and seven hours, when the patient died. During the last two days there were no hydrophobic symptoms."

EDITORIAL DEPARTMENT.

PERISCOPE.

Prevention and Treatment of Puerperal Diseases.

In the American Supplement to the *Obstetrical Journal of Great Britain and Ireland*, Dr. Wm. Goodell discourses on these points so practically, that we cannot do better than give his own language. He says, speaking of the Preston Retreat:—

The wards are used invariably in rotation. By close management, and by crowding walking patients together, one of these wards in its turn stands idle for two or three weeks. During this time the doors and windows are kept open. Before it is again occupied by patients, the walls, floor, wood-work, and furniture, all of which are painted, are thoroughly scrubbed with carbolic acid soap, and then mopped over with a solution of half a pint of carbolic acid (Calvert's No. 4), to one pail of water. From this time until the ward is again vacated, no portion of it, not even the floor, unless accidentally soiled, is touched with water.

The nurses wear such clothing only as can be washed. As soon as the inmates of a ward are well enough to take care of themselves or of one another, their nurse is relieved from duty. She now takes a soap bath, puts on an entirely clean suit of clothes, and goes into a ward which has been thoroughly ventilated and cleansed. Before a new batch of patients falls to her care, she has had one week or more of rest. I visit the wards thrice daily, beginning always with the ward last occupied, and with the patient last delivered. Whenever a vaginal examination is needed, it is put off until all the other patients have been seen. The examining finger is then anointed with an ointment containing carbolic acid, and the hands are afterwards washed with carbolic acid soap. Post-mortem examinations I never perform.

The beds consist of a tick filled with fresh straw and covered with an army blanket. After the discharge of a patient, her bed is emptied, and the tick, blanket, and bedclothes are boiled in water to which a little carbolic acid has been added. Each bed is furnished with a feather bolster and pillow, which are exposed on slats to the air when not in use. Once a year every bolster and pillow-tick in the house is washed, and the feathers baked and "renovated," as it is technically termed. They also pass through the same process whenever soiled, or whenever used by a patient whose convalescence has been delayed.

The patients come chiefly from the poorer classes; but many in more comfortable circumstances, with the hope of getting better care, seek admission on account of some difficulty attending their former labors. On this account, the proportion of difficult labors is much above the average. Those patients who have families often put off coming in until labor has actually begun, and then leave at the earliest possible moment. Notwithstanding this, since patients have the privilege of remaining four weeks after their delivery, the average stay of each one is sixteen days before delivery, and eighteen days after. Every patient, upon admission, takes a warm bath, and at least one a week thereafter before her delivery. If she exhibits signs of feeble health, she is at once put upon the use of quinia, and of the house mixture, consisting of two parts of the muriated tincture of iron, with three of dilute phosphoric acid. The habitual constipation of pregnancy is met by the administration, either in the morning of a teaspoonful of pulv. glycyrrhizæ comp. of the Prussian pharmacopeia; or, at bedtime, of four Lady Webster's pills (pil. stomachicæ). When a more active purge is needed, the pulv. jalapæ comp., or the pil. cathartic comp. (U. S. P.) is given. Headache and sleeplessness are treated by warm baths, by full doses of potassic bromide, and by the above-named medicines, when indicated; albuminuria is dealt with in pretty much the same way, but always with iron and phosphoric acid. The regular diet is plain and wholesome, yet more liberal than usual in charitable institutions. Apart from the frequent use of aperients, a relaxed condition of the bowels is promoted by serving table syrups at every meal, by fruits, fresh or dried, according to the season, and by all such vegetables as can be eaten raw, viz., lettuce, cress, radishes, leeks, onions, tomatoes, cucumbers, and cabbages. Of these, in this latitude, an ample supply is obtainable during nine months of the year.

When a patient falls into labor, she first has her bowels moved by an injection, and then takes a warm bath. The bag of waters is usually ruptured artificially, and the liquor amnii collected in a grocer's scoop. The second stage of labor is never allowed to linger; any delay is met by the use, either of the vectis or of the forceps. As soon as possible after the birth and the removal of the child, the placenta is delivered by Credé's method. I may here remark that the still pulsating cord is first cut, then "stripped" of its blood, and as much as possible of its gelatin, and finally tied, when it has ceased to bleed, and has become flaccid. Neither belly-band nor any kind of dressing is afterwards applied, but the cord freely dangles about from the navel. Treated in this manner, it dries up without any bad smell, and falls off like a ripe fruit, without leaving a raw stump. Out of more than five hundred infants treated thus, not one has had a pouting or sore navel requiring

treatment, and not one has had an umbilical hernia. I am also well satisfied that, by dispensing with the belly-band, I have had fewer cases of inguinal hernia.

Ergot is hardly ever resorted to as an oxytocic; but one teaspoonful of the fluid extract is invariably given as soon as the head presses upon the perineum. When the labor is over, the perineum is examined, and, if torn, is at once sewed up with silver sutures. The patient is now washed clean, and a binder and cylindrical compress applied, the latter in the hollow just beyond the fundus of the womb. The bedstead on which she has been delivered is next wheeled from the Delivery Room to a ward and placed along the side of a bed, to which the woman now hitches herself over. Contrary to the generally held opinion that absolute rest after labor is indispensable, in no single instance has this muscular exertion apparently brought about a flooding. It seems rather to condense still further the uterine globe. Very rarely, indeed, has a flooding happened outside of the Delivery Room. However warm the weather, a blanket is thrown over the patient, and a foot warmer put to her feet. These remain until reaction sets in, and she asks to have them removed. A mug of beef-tea made from Liebig's extract is now given, and the child put to the breast as soon as it will take it. Thereafter, in a natural convalescence, the woman gets tea, boiled eggs, bread and butter, for breakfast; potatoes, and some kind of meat for dinner; stewed or fresh fruits, tea, bread and butter for supper. On the morning following the day of her labor, the binder is removed for good, and she slips into a chair while her bed is making. This is repeated once or twice a day until the fourth or fifth day, when she, if so disposed, gets up and dresses herself. No patient quits her bed against her will; yet the force of example is so great, that very few care to stay in bed when they see their companions up and about.

No woman is allowed to suffer from after-pains. Whenever these are complained of, one-quarter grain doses of morphia are administered every hour until relief is obtained. In stubborn cases of after-pains I have found nothing act so promptly as the exhibition of ten grains of quinia every six hours, until the ears ring. Bed-pans are not employed, except in cases of illness, or in cases requiring vaginal injections; but each woman has her own chamber-pot, which she uses indifferently, either in the sitting or the knee-elbow posture. Every woman is required to wash her own person at least once a day, and that with carbolic acid soap and a wad of fine oakum, which is at once thrown away. Only under very exceptional circumstances does the nurse cleanse the patient. Should the lochia become offensive, the woman is made to get out of bed and slip in a chair three or four times a day. This usually corrects the fetor; but if it does not, then and only then is a solution of potassic permanganate thrown up into the vagina. Firmly believing the nozzle of a syringe to be the medium of virus communication from patient to patient, I avoid the use of vaginal injections as much as possible. For a like reason, the temperature thermometer is not habitually used, but only in single cases as an aid to diagnosis.

Whenever the lochia are offensive, or the pulse is over 90, or the thermometer indicates a temperature higher than natural, or pelvic pains are complained of, or, in short, whenever any untoward symptom appears, quinia is given in from six to ten-grain doses every four hours, until the ears ring. In addition, for abdominal pains large doses of morphia are given, and the whole belly is painted with iodine, and covered with a mush poultice. The canonical purge on the third day is dispensed with. A patient has usually a movement of the bowels either before or on the day in which she gets up for good. If this does not happen, she takes four Lady Webster's pills at bedtime, which then act on the morning of the sixth day. As soon after getting up as she feels strong enough, she takes a warm bath.

But few words are needed to explain why the ordinary chamber-pots are used, and why patients are made, once or twice a day after the first, to get out of bed and slip into a chair. The presence of putrescent fluids in the utero-vaginal tract is recognized by all writers as the great cause of the autogenetic variety of puerperal disorders. But the recumbent posture of itself necessarily tends to detain these poisonous discharges in contact with the traumatic lesions of labor. These discharges may also be partly imprisoned in the vagina through the swollen condition of the more external soft parts, or partly corked up in the uterine cavity by the presence in the cervical canal of a putrid clot. In such cases detergent vaginal injections are highly recommended. But clinically they will be found of limited value; for they cannot reach high enough, and do not ordinarily dislodge a large clot even when situated low down. True, intra-uterine injections are not open to one of these objections; but, apart from their being attended at best with some degree of hazard to the patient, the operation is too delicate a one to be entrusted to a nurse. Besides, in hospital practice the nozzle of a syringe, to say nothing of the fingers of a nurse, is, I fear, so often one of the vehicles for the transmission of virus, as to make this means of disinfection of doubtful propriety. In a local outbreak of fever, especially of the diphtheritic form, I should, however, suggest the use, immediately after labor, of vaginal injections containing the nitrate of silver or the persulphate of iron, in quantities large enough to sear over the traumatic lesions of labor. Such injections I have had no occasion to try, but they ought to inhibit active absorption and promote healthy granulation.

While seeking a substitute for the syringe, my attention was directed to the fact that the act of sitting on the ordinary chamber-pot often forced out putrid shreds or fetid clots, which

had not been washed away by vaginal injections. This led me to discard, except in cases of positive illness, the use of bed-pans or of any other utensil, such as urinals, which can be used by a woman when lying on her back. Shortly after making this change, I found that, for like reasons, some shrewd and very practical writers of the last and the present century urged an early departure from the recumbent posture. Further; a residence of some years in the East had taught me that oriental women, at least, can with impunity get up and be about a few hours after delivery. Influenced by these facts, I decided, cautiously at first, to introduce into the wards of the Retreat a system of puerperal gymnastics, consisting in no restraint whatever as regards the position in bed, and in the daily release from an irksome confinement. I was much pleased to find that the muscular exertion needed for these movements, so far from inducing hemorrhage, excited the womb to contraction, and emptied it and the vagina of their putrid contents. I can testify that whenever the lochia are offensive, these upright positions, repeated several times a day, are excellent deodorants, better, in fact, than any detergent vaginal injections. There is yet another advantage gained by this plan; it affords in hospital practice an excellent opportunity for bundling the bed and bedding out of the ward, and giving them a much needed airing. In a crowded hospital ward the hygienic importance of such repeated disinfection can hardly be over-estimated. At the risk of being called an enthusiast, I will go a step further, and hazard the assertion that there is a form of puerperal septicæmia not necessarily accompanied by putrid lochia, at least not appreciably so, but indicated by high temperature, rapid pulse, complete anorexia, heavy sweats, and, later, by herpes labialis, which stubbornly resists treatment until the patient is made to get out of bed. This I have seen often enough, after keeping a woman on her back for some pelvic disturbance, to prevent any mistake as to the relation of cause and effect.

Lying-in women are encouraged to get up for good when they feel so disposed, because there are, to my mind, strong objections to the rigorous maintenance of the recumbent posture. Labor is, in general, a strictly physiological process, and there can be no sound reason why it should be made to wear the livery of disease. Nature teaches this very plainly, for most women wish to get up long before their physicians are willing to let them. The fact of a woman's wishing to get up is to me a very good reason why she should get up. In the second place: few physicians will deny that nothing so relaxes the tone of muscular fibre as a close confinement in bed. In my experience a woman ordinarily feels stronger on the fifth day than she does on the ninth, if rigorously kept under quilts and blankets. Once more: the upright position not only excites the womb to contract, but, by distributing the blood and equalizing the circulation, it actually lessens the amount of the lochia and shortens their duration. On the other hand, the dorsal decubitus keeps up a passive congestion of the womb as a whole, the engorgement of the greatly hypertrophied placental site, and a blood-stasis in the now thickened posterior wall, all important factors in hindering the process of involution. Again: uterine diseases are hardly known among those nations whose women early leave their beds.

The arguments against the customary purge on the second or the third day are to my mind very sound. I am well satisfied that the "milk fever," for which it was originally introduced into practice, is essentially a myth. Genuine "milk fever" as such is a rare complication, and, when present, of no significance whatever. Unless the nipples are chapped or abraded, the engorgement of the breasts hardly ever leads to abscesses. In proof of this assertion; how rarely does mastitis follow stillbirths! In the vast majority of cases, the occasional constitutional disturbance, the chill-and-fever on the third or fourth day, the so-called "milk fever," is owing to a septic cause, and not to a mammary one. True, the breasts are by this time swollen and painful, but it is a mere coincidence, and coincidence is here mistaken for causation. Purges are, therefore, not only wholly unnecessary, but they disturb the equilibrium, and, what is worse, promote the absorption of septic matter. Partly from increasing the activity of the absorbents, the hemorrhages of labor are very liable to be followed by blood-poisoning. Now, the same result may be logically predicated of a depletion in the shape of a purge. Were my readers to go over their cases of puerperal fever or of other puerperal diseases, I think that they will find some of them dating from the day on which a purge had begun to act. Is it not more than a mere coincidence that these diseases attack a woman usually on the third or the fourth day, viz., the day of or following the administration of the customary purge? Three instances of puerperal peritonitis, two of them ending in death, have come to my knowledge, which were referable as plainly as could be to purgation. In one, the lady was slowly but surely mending from the effects of a severe instrumental delivery. For some reason or other she took, in the third week, an ordinary dose of citrate of magnesia. This violently purged her, and at once brought on a fatal attack of fever. In the other two the patients could not have been doing better, until they got a dose of castor oil, which was given for no other reason than that the authors of our text-books were haunted by the bugbear of "milk fever."

Quinia is given without stint, because, apart from its well-know tonic and antiperiodic properties, it possesses others which make it, above all remedies, the one best suited for puerperal disorders. By lowering high temperature it retards the oxidation of tissue, and hinders the formation of fibrinous concretions. By shortening the excursions of uterine fibres in their alternate contractions and expansions, it lessens

the diastolic engorgement of the womb, diminishes the calibre of uterine blood vessels, and thereby tends to keep their protective coagula from becoming loose and soluble. By contracting the placental site it proportionately limits that area of absorption. By constringing the coats of the capillaries, and by its inhibitory power over the migration of colorless blood-corpuscles, it either arrests suppurative inflammation or restrains its violence. Finally, it seems to exert a positive curative action on the blood in cases of putrid or purulent absorption. Clinically, I have found nothing comparable to quinia as well as a prophylactic against puerperal disorders, as a remedy for them. But it must be given early, frequently, in large doses, and pushed to a high grade of cinchonism.

Ergot is a very untrustworthy oxytocic. One never can tell beforehand whether it will behave kindly, or run a muck. It is, therefore, no favorite with me. The vectis and the forceps being under perfect control, are far better oxytocics; their aid is therefore often invoked, in order to save a woman's strength, and to avoid that laxness of uterine fibre following a long and weary labor. Ergot is, however, given as the head is about to emerge, in order to lessen the chances of a flooding or of unruly after-pains, and to aid the process of involution by condensing the uterine globe to its minimum size. For an analogous reason I feel persuaded that Credé's method of placental delivery provokes to a more complete involution. It certainly empties the womb of all clots, and squeezes it down to its smallest capacity.

The prolonged use of the binder is given up. I wish, however, here to state that even its brief use during the first few hours after labor, is not held by me as a cardinal point. I begin to have grave doubts whether it is of any value whatever in the prevention of hemorrhage. On the score of utterly abandoning it I am quite open to conviction.

Two Cases of Post-partum Hemorrhage Treated by the Injection of Perchloride of Iron.

Dr. W. P. Swain, F.R.C.S., reports the following cases in the *British Medical Journal*:—

Case 1 was that of an exceedingly fine, handsome lady, a primipara. Her pregnancy had been uninterruptedly good. Labor commenced on the evening of January 21st. The presentation was normal, the pains good, and a fine male child was born about half-past seven on the morning of the 22d. I gave a small quantity of chloroform at the last. Immediately after the delivery of the child, I found a second head presenting, and, as the pains were not very expulsive, I put on the forceps and delivered a second male child in a few moments. I then removed the placenta, which was single, and of enormous size. Considerable hemorrhage occurred at the moment the placenta was expelled, but the womb contracted firmly, and a binder was put on. Within a few minutes, however, I found the uterus largely expanded, and, on pressure, a huge clot was expelled. I immediately introduced my left hand into the uterus, making pressure externally with the right, but was unable to produce any uterine contraction. During the whole time there was a constant and excessive flow of blood from the vagina, and the patient became collapsed. I administered brandy in large quantities, and ergot, and the moment ice could be obtained I placed a large lump in the cavity of the womb, and a bag of ice on the abdomen. All was, however, of no avail, and my hopes of saving the patient were at zero. In the meantime, I had obtained further professional assistance, and, with the concurrence of my father and Mr. Whipple, I injected perchloride of iron into the uterus, in the manner advised by Dr. Barnes. From the moment of the injection all flow of blood ceased, although the uterus remained for some time flaccid. The lady made an excellent recovery, and, with the exception of a little lymphatic tenderness in the right thigh, complained of nothing during her convalescence. I should mention that, on the second day, and on every succeeding day for some time, the vagina was thoroughly well syringed out with Condy's fluid and water.

Case 2. I was asked by Surgeon-Major Ferguson to see, at the Women's Hospital, on July 9th, a soldier's wife in her third pregnancy. She had a contracted pelvis in its antero-posterior diameter. In her first confinement she remained a hundred and eight hours in labor; in her second, eighty-seven hours. No instrumental assistance was afforded on either occasion, and the children were still-born. This time she had been in labor sixty hours, and I found the head well down on the pelvis, but tightly fixed there. I suggested the application of the forceps, and in a very short time, after the use of considerable traction, the child was born alive, but lived only for half an hour. The placenta was removed at once without difficulty, and the uterus contracted for a short time, but in a few moments tremendous hemorrhage set in, the blood being projected from the vagina on to the floor some distance from the bed. I immediately passed my left hand into the uterus, cleared out its contents, and endeavored to secure contraction, whilst cold water was poured on to the abdomen from a height, and brandy freely administered. This, however, did not correct the bleeding, although it somewhat lessened in quantity. Feeling that another gush of hemorrhage might be fatal, I injected the perchloride, all the materials being fortunately at hand. The uterus at once contracted, all hemorrhage ceased, and I hear from Dr. Ferguson that the woman has made an admirable recovery.

I think I may fairly claim two lives for the perchloride treatment. In the first case, all the usual resources, excepting galvanism, were tried in vain; the lady lay dying before our eyes, and there can be no doubt that any further hemorrhage must have turned the balance against her. In the second case, so rapid and so large was

the loss of blood, that nothing short of immediate arrest could have saved the patient; and this the perchloride certainly effected.

Diagnosis of Heart Disease.

Dr. Geo. W. Balfour, in the Edinburgh *Medical Journal*, says:—

A truly cardiac patient, one suffering from actual disease of the heart, as a rule comes to you complaining, not of that organ, but of one or other of the secondary results of his lesion. He complains of breathlessness or of dropsy, either or both of which may result from that lesion if it be uncompensated, or if the compensation be ruptured. If the patient complain of shortness of breath, as is often the case, you will find that this cardiac breathlessness presents certain distinctive features wherein it differs from pulmonary breathlessness, the most striking of these being the perfect tranquillity of the breathing while the patient is at rest, at the same time that any exertion at once produces so anxious a desire for more air as can be expressed by no fitter term than the air-hunger of the Germans. The amount of lesion is not to be measured by this breathlessness, but its seriousness, as dependent upon the degree in which the compensation is ruptured, may certainly be so. The patient may only puff considerably in going up a hill or ascending a stair, or his shortness of breath may be so great as speedily to compel him to call a halt on attempting either of these feats; or it may be so extreme as to prove distressing on making such perfectly trifling exertions as merely sitting up or turning in bed. At the same time there is no true dyspnœa, or difficult breathing properly so called; there is no obstruction either to inspiration or expiration; there may even be no curtailment of the air-space in the lungs, from any cause whatever; the breathing while the patient is at rest is perfectly quiet and natural; yet such is the difficulty, from cardiac causes, of getting the blood aërated, that the slightest exertion produces such a gasping inquietude as is extremely characteristic. This is one form of cardiac asthma, as it is termed; now and then we have another, in which the breathlessness, though not dependent upon exertion, is yet equally independent of pulmonary lesion. In this case the patient wakes gasping and alarmed from his first sleep; he has palpitation, occasionally pain (angina), almost always irregular action of the heart, which is always feeble; now and then the patient is sick, and sometimes vomits a mouthful or two. This form of cardiac asthma is mostly senile in character, and associated with muscular degeneration rather than with valvular lesion. It frequently arises from some slight gastric derangement, which reflexly affects the enfeebled heart in an injurious manner; and it is often the beginning of the end to those affected, the first intimation that the "pitcher is broken at the fountain," and that death has already seized the very citadel of life. Such patients, however, never come to you, you are always sent for to see them; and I have only mentioned this affection now to illustrate the fact that exertion is not always necessary to produce cardiac breathlessness, and that even in this case the panting is characteristic, while the absence of pulmonary lesion marks its cardiac origin. To produce so-called cardiac breathlessness, however, it is not necessary to have actual cardiac disease. Breathlessness depends upon imperfect aëration of the blood, and in the absence of pulmonary lesion may depend upon lesion of the heart or of the blood itself. Even though a patient, then, presents all the characteristic symptoms of cardiac asthma, we must not therefore set him down as certainly laboring under cardiac disease; he may be only anæmic. But inasmuch as anæmia and cardiac disease frequently co-exist, the assured presence of the former, evinced by the bloodless condition of the lips, gums, etc., does not exclude the latter. The presence of breathlessness having the characteristic symptoms described, makes us certain that we have to do with a hæmic or a cardiac lesion; which it is, we must determine by further inquiries.

Incontinence of Urine in Children.

Dr. Henry Kennedy, in the Dublin *Medical Press*, says:—Of the medical means employed, blisters to the sacrum must not be forgotten. There could be no doubt, the author said, this means had succeeded. Of two cases in which he had employed it, it failed in the first; but in the second it was more successful, and stopped the infirmity for four months. The regulation of the quantity of fluids taken, and the time, the author considers of much moment; and he particularly advised against the use of tea. There was one measure, too, he thought of the greatest consequence, and that was the teaching the patient, when such was possible, the habit of retaining the water as long as possible in the daytime. By this means the sensibility of the bladder was lessened, and good was effected. The author observed that this plan was opposed to the one of taking up the child at night, which, though it diminishes the unpleasant effects of the infirmity, had no tendency to cure the complaint, but, as he thought, the very contrary. To two medicines only did the author allude, hydrate of chloral being one, and belladonna the other. There was already some evidence that the former had been of service, but it was not sufficient yet to establish its value. The latter, as a whole, had proved the most valuable drug yet used, and had cured a good many cases. Of two cases in which the author gave it, it cured the first, a boy of three and a half years of age. In the second, a boy of eleven, it has bettered him a good deal; but circumstances had prevented as full a trial of the drug as was desirable. In speaking of belladonna, the author adverted to the remarkable fact that children bore it in very much larger doses than adults. By gradually increasing the dose he had given it in very large

quantities. It had rarely dilated the pupils, and then only for a short period. In prescribing it this point was not to be forgotten. There could be little doubt that the internal organs, especially the kidneys, were so active in childhood that the poison was very rapidly eliminated from the system.

The Treatment of Acute and Chronic Bronchitis and Asthma.

The following, upon the treatment of the above distressing maladies, from the pen of Dr. W. H. Spurgin, in *The British Medical Journal*, is suggestive:—

I have tried iodide of potassium in over a hundred cases, with almost invariable success; in fact, with such success, that patients have expressed themselves by saying, "It has acted like a charm;" others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respirations, perhaps (as I think) overcoming spasms. Almost after the first dose patients have stated they have felt the medicine touch their complaint.

I usually prescribe it with carbonate of ammonia, and, when the cough is very troublesome, add tincture of belladonna and ipecacuanha wine. In the above complaints I rarely give anything else but the above.

In one case of very severe broncho-pneumonia I tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

In conclusion, I should add that I have purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, and have not found much benefit; after which I have added iodide of potassium, and found the patient relieved almost at once.

I have given this remedy about one year's trial, and can confidently recommend iodide of potassium as the remedy in these troublesome complaints.

The Function of the Uvula.

Dr. Horace Dobell, in the *British Medical Journal*, says:—Looking, to-day, into the pharynx of a patient suffering from a severe nasal catarrh, I saw the watery secretions from the back of the nose pouring down in a continuous stream from the tip of the uvula on to the dorsum of the tongue. It was evident that they were collected to this point from all the surrounding parts, and that the uvula acted as a conduit to bring them to the front of the epiglottis, whence they might be safely carried down the throat by repeated acts of deglutition; whereas, had it not been for the uvula, they would be liable to drip behind the epiglottis, and thus cause constant discomfort by getting into the larynx. This very simple but important function of the uvula has not, so far as I am aware, been noticed before, notwithstanding all that has been written about this odd little organ.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M.D., Professor of Obstetrics and Diseases of Women and Children, in the College of Physicians and Surgeons, New York, etc. Fourth Edition, thoroughly revised, with one hundred and eighty-six illustrations in wood. Philadelphia, Henry C. Lea. 1874. pp. 801.

The fact that not two years have elapsed since the third edition of this work was issued, is an excellent proof of the great esteem in which it is held by the profession. The book was so recently thoroughly reviewed by us, that it is unnecessary to do more than allude to the fact that the distinguished author has rewritten a large part of it, being determined to keep the work up to the highest stand-point, and apace with the latest advances in gynæcology.

The work has already been translated into the German, and preparations are now being made to render the present edition into French and Italian.

To the busy practitioner, who is almost constantly coming into contact with the diseases of females, the work is simply invaluable, and to all such we warmly commend it.

Transactions of the Pathological Society of Philadelphia. Volume 4. Philadelphia, J. B. Lippincott & Co. 1874. pp. 250.

This volume presents us the "Transactions" for the years 1871, 1872 and 1873. The matter is so arranged that the subjects discussed are presented grouped under their several heads. Thus, diseases of the osseous system, of the organs of digestion, of circulation, of respiration, of the genito-urinary organs, of the nervous system, of organs of special sense. The several specimens are well pictured by wood cuts. By pathological students this will be welcomed as an invaluable addition to their libraries, and all physicians ought to be students of pathology to a certain extent. It will throw light on many obscurities in practice.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 3, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

OBSTETRIC MEDICINE.

We have been treated this year to addresses before the great medical bodies, upon each of the special branches, surgery, practice and obstetrics. The views of the profession differ materially as to what should constitute the subject of these addresses. Some entertain the belief that the object is merely a resumè of all the special points that have occupied the attention of the profession during the previous year, while others deem it most proper that some important point should be selected and carefully dwelt upon.

Both these plans have been followed, and both appear to have given satisfaction to the members of the various associations.

Before the British Medical Association, the address in obstetrics was by Dr. J. Matthews Duncan, who selected as the subject of his remarks, puerperal pyæmia, which he handled in a manner fully to sustain his already world-wide reputation.

Upon the subject of obstetrics, a vast deal has yet to be learned. Hitherto too much has been permitted to devolve upon nurses, would-be wise women. In short, it has been too much the case that this important, perhaps the most valuable branch of medicine, has been allowed to occupy a subordinate position, from which, however, we are happy to say it now bids fair to emerge, and we trust it soon will be everywhere regarded in its proper light.

We are led to these reflections from our too frequent opportunity of observing the great want of knowledge in the obstetric art on the part of very many of the profession. Many appear to regard it as unworthy of their attention, and hence when an emergency arises are utterly unprepared to render that aid for which they are summoned.

While we regard labor as strictly a natural act, which in the vast majority of instances will go on to its termination safely and happily, yet we would have the physician so thoroughly educated that he may know how to conduct to

this result. Unfortunately, it would appear that too often he regards himself as useless in the lying-in chamber, and does literally nothing, either good or bad, until the child is expelled. We would respectfully urge the members of our profession to make this subject one of the most careful study. We can assure them that it is one that will richly repay them for all their outlay, both of time and money. For this reason, we gladly welcome such papers as that of Dr. Duncan, and all the other means of instruction in the obstetric art.

In this connection, we must agree with the remarks of the *Lancet:*—

"We must also object to obstetricians speaking of the fearful ordeal of marriage and childbearing to young women, and making other statements awful to women and men. There never was a time when parturition was so safe a process as it is now, or when obstetricians had a right to speak so comfortably and assuringly on the subject. A certain amount of risk, no doubt, attaches to the ordeal of pregnancy and parturition. But the same is true of the estate of celibacy, and it seems to us that men in authority, speaking in a semi-public position, should be careful to avoid using strong adjectives to describe dangers which are being steadily minimized, which must be incurred, and which are borne as cheerfully and courageously as men bear the hardships incident to their calling."

These words have the right ring, and are calculated to act as an antidote to the evil to which they allude.

Notes and Comments.

Experiment in Liquefying Gases.

A piece of fresh wood charcoal is placed in a strong U tube, like that first used by Faraday in his researches upon the condensation of gases. This is to be saturated with dry chlorine, ammonia, or other gas which it is desired to experiment upon. The two ends of the tube are then sealed before the blowpipe. The longer end of the tube, which contains the charcoal, is now to be heated in a boiling salt-water bath, and the shorter one plunged into a freezing mixture. The result will be the speedy evolution of the absorbed gas from the charcoal, and its condensation by its own pressure in the colder portions of the tube. It is thus possible to prepare very quickly a quantity of liquefied gas for a lecture experiment. On taking out the tube from the salt-water bath, the liquid chlorine (or other substance) begins to boil spontaneously, and is again absorbed by the charcoal, while the short end of the tube becomes covered with frost, from the rapid abstraction of heat from it, by the passage of the liquid into the gaseous state.

In this way it is possible to prepare, in the liquid state, chlorine, ammonia, sulphurous acid, sulphuretted hydrogen, hydrobromic acid, chloride of ethyl, cyanogen, and other gases.—*Boston Journal of Chemistry.*

Incombustible Finish for Woven Fabrics.

The *Manufacturers' Review* translates from Hager the following directions for preparing a starch paste, impregnation with which renders a fabric incombustible: 10 parts of calcined and pulverized bones are treated with 50 parts of hot water, to which 6 parts concentrated sulphuric acid are gradually added. The mixture is well stirred, and left to stand two days in a warm spot, being stirred from time to time; 100 parts of distilled water are then added, and the liquid filtered. Five parts sulphate of magnesia (Epsom salts) are dissolved in 15 parts of distilled water, the solution added to the first, and caustic ammonia added till the liquid smells of it. The precipitate is thrown on a linen filter, pressed, dried in a moderately warm place, and rubbed to a very fine powder. Of this powder, 2 parts are mixed with exactly 1 part of tungstate of soda, and 6 parts wheat starch, and a little indigo blue added to impart a bluish tint to the powder. In order to use this powder, it is stirred up with about twice its weight of cold water, and enough hot water is then added to produce a gelatinous liquid, in which the fabrics that are to be rendered incombustible are steeped.

Bottled Milk.

An exchange states that an enterprising milkman in Elmira, N. Y., furnishes his customers with milk "in glass." In his wagon are arranged inside racks containing quart and pint bottles filled with pure fresh milk, full measure. These bottles are delivered as required, the customer returning the bottle left

the day before; and no pitcher, pails, bowls, or dishes are necessary. Another advantage of this system, especially in warm weather, is that each bottle is tightly corked, and can be laid in a pail or pan of cold water, keeping it fresh and sweet, or put away in a cooler, taking up but little room.

Fine Machine Oil.

To prepare an excellent machine oil, mix 60 parts of oleine with 40 of olive oil; or 50 of oleine, 40 of clear paraffine oil, and 10 of olive oil.—*Boston Journal of Chemistry.*

CORRESPONDENCE.

Washington, Ill.

ED. MED. AND SURG. REPORTER:—

Thinking that a contribution from some one in this section, upon subjects pertaining to medicine, would be acceptable, I shall attempt to give you a brief outline of the topography of our town and vicinity.

Washington has a population of some twenty-five hundred inhabitants, and is pleasantly situated on high rolling ground, between two small streams, which, uniting a short distance west, form Farm Creek, which meanders through valley and hill twelve miles, falling into the Illinois river, opposite the city of Peoria. The bluffs bordering the creek and river contain large deposits of superior bituminous coal, which are mined largely, and distributed by rail and river over a large extent of country, and afford to Washington and Peoria a cheap and abundant material with which to utilize their large manufacturing and mechanical industries.

Northeast and south of our town the country is prairie, with a dark rich loam, resting on a clay foundation, and our whole country is settled up with an active and enterprising class of people.

The Illinois river runs along the entire western border of our county. Mackinaw creek, with a number of smaller streams, flow through the county and intersect the river in various parts; the river below Peoria has extensive flats and marshes bordering upon it, which are annually more or less subject to overflow. These marshes and flats have a varied and abundant vegetation, which rapidly matures and decays under the hot sun of summer and fall, which produces considerable sickness of a periodical type. The county contains upward of twenty-seven thousand inhabitants, which are very equally distributed. There are four physicians residing in this town, who do an aggregate practice of at least twelve thousand dollars annually. There are also several irregular or pseudo practitioners doing more or less business, how much is not known, but their receipts depend largely upon their silence, tact, and especially Church membership, and I regret to state that their continuance with us is assisted by professional aid given them by those who should condemn and ignore empiricism when and wherever found. When physicians claiming intelligence and sound medical education, with the experience of age, so far forget or compromise the dignity of their high calling as to counsel with and assist pseudo physicians, making themselves the stepping stone for such to attain practice, we may expect the people to assist in sustaining quackery, and the profession at large suffer the opprobrium of their presence and their practice, which abuse has caused much and growing doubt as to the efficacy of legitimate medicine.

The diseases endemic to this locality are of malarial origin, the types of fever being intermittent and remittent, and if unbroken or neglected, assume a continued form. We have not, however, one case of either form now, where we had fifty twenty years ago. During the settlement and breaking up of our prairie soil every family had more or less of their number sick, and the invasion did not confine itself to any special portion of the year. We had cases very frequently then, which were strictly of the congestive type; pernicious fever, in its broadest sense, which, if not met at the first symptom of development by prompt and appropriate treatment would rapidly prove fatal, and in constitutions already enfeebled all treatment would prove abortive. Such cases would universally present all the characteristics of Asiatic cholera, without the purging. I have known cases where no especial ailing was complained of previous to the chill, which proved fatal within two hours, and in all such cases a total indifference was manifested. As the soil became cultivated, the tame grasses introduced, with more general comforts surrounding our people, intermittent fever became yearly less, while the remittent type would be much milder, and the congestive type was very seldom met with.

The treatment generally adopted was a thorough mercurial purge, followed by opium and quinine, and continued as required until convalescence was established. In the congestive type our treatment was to relieve the engorged and overburdened organs, which was done by the lancet, or cold water poured from a height upon the exposed region of the stomach, liver and lungs, until reaction commenced, and then dry frictions, with some diffusible stimulant, until the reaction was complete, followed immediately by calomel, opium and quinine, for one or two doses, and then opium and quinine in full doses, say four grain doses of opium and twenty grain doses of quinine, and repeat the dose at least four hours before the expected chill; two such doses were generally sufficient, from which I have seen no unpleasant effects

Rheumatism is quite prevalent, engendered, in the majority of cases, by careless and imprudent exposure to the variable changes incident to

this latitude; it is generally of the inflammatory type, and yields readily to appropriate treatment. The treatment from which I derive the most success in the strictly inflammatory type, is free depletion by the lancet, followed by mercurials and the alkalies. If badly treated or neglected it assumes a chronic form, taking a long time to rid the system of its effects, and such cases generally retain unpleasant mementoes of its invasion. The treatment in such cases is with colchicum and the preparations of potash, with repeated blisters to affected joints. We have rarely any metastasis to the heart, and but few cases fatal.

Our late fall, winter, and spring months develop a variety of diseases. Inflammation of the thoracic viscera, bronchitis, pleuritis, pneumonitis, phthisis, are quite prevalent; the last mentioned, in a large number of cases, is hereditary, while many are the sequelæ of neglect in the treatment of some chest affection, continued exposure, and over-work. We have several well marked cases of tubercular diathesis, presenting every character of latent pulmonary disease, which, by studied care, hold in abeyance the development of an active, fatal disease. My treatment in all inflammatory diseases of the chest is the free use of the lancet when admissible, an active purgative containing a mercurial, with a class of expectorants and demulcents indicated.

Muriate of ammonia, powdered ext. licorice, and muriate of morphia, is a mixture which I largely use, and with which I am much pleased. I seldom use quinine or antimony in my treatment of diseases of the chest, as I have always found them deleterious in my cases.

We have among children considerable sore throat, slightly inflammatory, producing some fever and restlessness; all such cases yield readily to very mild remedies, and the most of them get well from simple domestic treatment.

That form of active disease of the fauces denominated diphtheria is very rare; at least such is my experience. Although I hear of diphtheria constantly in the practice of others, during a long and active practice in this place I have seen but two cases possessing that pseudo membrane characteristic and pathognomonic of the disease; the membrane in both cases presented a deep buff color, covering the entire fauces, and extending to the lips, and through the posterior nares to the extreme alæ-nasi, and in feel and look resembled velvet; this exudation could be easily removed; the membrane beneath presented a deep red appearance, highly vascular; in both cases it was thoroughly removed from all parts of the mouth and throat, and the parts thoroughly cauterized with the solid stick of nitrate of silver. Tincture iron, quinine, and stimulants were given largely; nothing that was done seemed to do any good; the plastic exudation was rapidly reproduced on all parts removed, and by extension to the glottis both cases proved rapidly fatal: would tracheotomy have done any good in these cases? Diseases of the exanthematous type, measles, scarlatina, erysipelas, are quite prevalent, but generally of a type that requires but little treatment; such cases need the observation of the physician, to guard against the unpleasant sequelæ which sometimes follow.

In skin diseases we find eczema very prevalent, both in adults and children; in fact it confines itself to no age or condition of life, and often proves refractory to the best efforts of the physician, which no doubt is attributed to the want of care, or using treatment both constitutional and local as prescribed.

Among the profession here and vicinity, in fact, more or less throughout the country at large, we hear of typhoid fever as being the prevailing disease, nearly every case of fever assuming that type; these reports are so much at variance with my own knowledge and observation, that I am led seriously to question them as facts. I am led to believe, from a large and varied practice of thirty years, that typhoid fever, as recognized as a specific disease, a disease sui generis, is very rare in the valley of the Mississippi, outside of large cities. As this is a prolific subject, and my article already longer than contemplated, I will make typhoid fever the subject for my next. R. G. Allen, M. D.

Washington, Tazewell Co., Illinois.

"Have the Jews any Immunity from Certain Diseases."

Ed. Med. and Surg. Reporter:—

The reply of Dr. M. Marsh to my former paper, entitled as above, in the Reporter, of August 15th, demands a calm noticing of it at my hands. I shall do so with each paragraph of that reply, but only so far as it can be of interest to the professional reader of the Reporter.

1. Dr. M. says he came to his conclusions "not only from my (his) limited experience, but that of gentlemen of unquestionable probity, honor, experience, intelligence, and learning, and a fame not circumscribed within the bounds of this republic." But all these epithets, except the fame, I claim also for myself and friends, and we have arrived at opposite conclusions from that of Dr. M.

But the Doctor refers to vital statistics taken by the government of France, Germany, and London, which go to prove a greater expectation of life in the Jewish nation above that of Christian nations. But statistics, in any case, are frequently misleading, and it is, to say the least, a hardship to draw conclusions from them, which are in opposition to one's own experience and observations for a good part of his lifetime. Nor does Dr. M. claim these statistics to show any immunity from any disease in the Jews, nor from "consumption," to which he says "Christians and Jews finally succumb."

2. There being no statistical evidence of the Jews having any immunity from "consumption," Dr. M. relies, then, for these, upon his "own limited experience," upon the assertions of his friends, and especially upon the assertion

of his "polite" correspondent, the Rev. Dr. (not medicinal) I. M. Wise, of Cincinnati, O., as a profound scholar, acute and extended observer, who writes to Dr. M. "that the cases are rare among them," and "because they drink not to excess, and few fathers are sick of * * *." These asterisks Dr. M. puts for syphilis, and discards Dr. W.'s theory about its connection with consumption. In view of the foregoing it is certainly not justifiable to conclude with Dr. M. that this "asserted" Jewish immunity from "consumption" should account for the "statistically" shown (if so) superior longevity of the Jewish nation.

I never said, as Dr. M. avers, that "prostitution and its consequences is one of the inevitable calamities of the Jewish race in this country." What I said (REPORTER vol. xxx, p. 440) is the following: "In sexual indulgence, too, the Jews of this country do not fall behind the rest of the world, and share fully in the inevitable calamities of the criminally unrestrained practice of prostitution in this country and elsewhere." The scientific point, therefore, is that the Jews are not enjoying an immunity from venereal any more than from "consumption."

3. I reassert that "it is not scientific to contrast (in a medical point of view) Jews and Christians, but rather Jews and Gentiles," for, while most Christians are Gentiles, not all, but the minority of Gentiles are Christians. The scientific point is, to compare the Jewish nation with other nations who live like them, and yet who do not enjoy that nation's supposed longevity and immunity from diseases, and vice versa.

4. "Absorption by the digestive organs" I did not say, but, "the digestive organs (meaning the salivary glands and pancreas in that connection) being equal to the absorption (by the lacteals of course) of an excessive quantity of it," i. e., fat.

"A true biological physiology" was contrasted with a false, exclusively chemical physiology.

5. The *individual* Jew, in this or in any other country, has no advantages in longevity or health above his Gentile fellow man, yet the Jewish race, as a race, shows a tenacity of existence which is astonishing, considering the terrible vicissitudes of exile and persecution to which it was subjected for thousands of years. The scientific point, therefore, is this very distinction to be made between individual and race life. Granting this distinction, and remembering that every race must have had a progenitor, it is but reasonable to look to that progenitor for the cause of race advantages, and so I would look to Abraham in the case of the Jewish race, whose longevity is owing, perhaps, to a superior prolificness, the births in this race outnumbering its deaths in a greater ratio than is the case in other races. Such an advantage of a race would no doubt be lost at last if an intermixture by marriage with other races of no such advantage were not guarded against. And I consider circumcision among the Jews to be this guard. To this day every Jew says, in the language of the sons of Jacob (Exodus xxxiv, 14), "We cannot give our sister to one that is uncircumcised; for that is a reproach unto us." In my former paper I referred to the Gipsey tribe as offering some important parallels to the Jews in the matter of race longevity. To this I refer again. There is no great fear, therefore, that the Jews will lose their race longevity in this country, even if they abandon to a great extent their peculiar religious dietetics, unless they are inferior to the Gipsey tribe in some point.

6. Circumcision is no doubt the great moral cause why the Jews do not intermarry with non-circumcised Gentiles. That the Jews do not intermarry with the circumcised Mohammedans is owing to the supreme contempt which the latter entertain against the Jews.

That *circumcision* is practiced on females cannot be anatomically true in the Jewish or any other nation. There may be an amputation of certain parts. But this practice is never heard of among Mohammedans or Jews.

7. Circumcision among the Egyptians was practiced on the two noble castes of priests and warriors only, and its reintroduction under Joshua shows that it was a divine sign of nobility extended to the entire Jewish nation (see Joshua v, 9, and the context). Its sanitary intentions are mere hypotheses of ancient and modern writers. Its origin may yet be found in the most ancient Phallic worship, where it was adopted as an ascetic lustration. The fact that some males are born without a prepuce might have led to the practice of offering it to the Phallus, i. e., the generative god, without maiming the offerer in his functions.

8. In Hufeland's times the Jews of Europe were not that which they are now. It was no doubt tempting, then, to connect the then rarity of venereal diseases among the Jews with their practice of circumcision, as cause and effect. But, alas! tempora mutantur, et nos mutamur in illis. It is no longer with the Jews as it was before, and that in spite of their strict observance of circumcision. Is it "presumption" to correct a traditional dogma in medicine which is not verified by present fact? Is it "presumption" not to accept the doctrine that "longevity depends much upon the average diet of a people," when we observe the opposite diets of the frugal Scotch highlander and the rich one of the Hollander? And such comparisons might be multiplied.

9. What I have asserted in my former paper I did not base upon a "pretension to superior knowledge," but upon facts which, as a Jew and physician, I have observed, and that in different parts of the world. Such observations have their value in the important investigation of a scientific question.

10. By my expressing gratitude "to *you*, Mr. Editor, for bringing such topics to the notice of the profession," I certainly cannot be accused, as Dr. M. accuses me, of doing *him* injus-

tice. One's *writing* for the profession will never bring his thoughts to them, except an editor accepts them and *publishes* them, unless the writer is a lecturer to the profession.

Cincinnati, O. DR. EPSTEIN.

[This correspondence should end here.—ED. REPORTER.]

NEWS AND MISCELLANY.

The Yellow Fever.

The yellow fever has been epidemic in Pensacola this fall. Among the victims has been Assistant Surgeon George B. Todd, who died of the disease at the Pensacola Navy Yard, on Sunday, September 20th.

Hay Fever Sufferers.

The hay fever refugees among the White Mountains have formed a permanent association for the discovery and spread of whatever promises to relieve or cure the malady. For the ensuing year, Judge Briscoe, of Hartford, was chosen president, and Mr. Frank B. Fay, secretary. The latter's duties will be to communicate any glad tidings of relief to all the members of the association. The annual place of meeting is Bethlehem, N. H., on the last Monday in August.

Items.

—Several suits have been commenced in Baltimore against druggists, for violating the new law requiring them to have certificates of competency.

—Dr. Charles F. Matlack, the first American physician who embraced and practiced homœopathy in this State, died at Germantown, Pa., last month, aged 76 years.

—The cattle disease in Connecticut has attained such proportions that it has attracted the attention of eminent scientific gentlemen of that State, and an effort will be made to lessen the shipment of Western and Indian cattle, to which the origin of the disease has been traced.

—The Eye and Ear Institute, established in 1870, in connection with the Philadelphia Dispensary, for the gratuitous treatment of diseases of the eye and ear, has been removed from its former location, at the northeast corner of Eighth and Locust streets, to the northeast corner of Thirteenth and Chestnut streets.

OBITUARY.

DR. HOFFMAN.

Washington Atlee Hoffman, M. D., Port Physician of Philadelphia, died on the 20th ult., at Bryn Mawr, aged 38 years, after an illness of several weeks. Mr. Hoffman was a native of this city, and the only son of Mr. Christian J. Hoffman, a well-known merchant here. The deceased was a graduate of Jefferson Medical College, and was educated at the University of Gottingen, Germany. He served as an Assistant Surgeon in the army during the latter part of the war. He was elected one of the Attending Physicians at the German Hospital within a short time. Dr. Hoffman was highly esteemed by all who knew him.

MARRIAGES.

ABERNETHY—STAGG.—At Irvington, on Hudson, on Wednesday, September 16, by the Rev. S. H. Tyng, D. D., and Rev. William H. Benjamin, Augustus H. Abernethy, M. D., of Bridgeport, Conn., and Henrietta, daughter of the late John P. Stagg.

EKWURZEL—JAMESON.—On September 3d, in the Atlantic City M. E. Church, by Rev. John H. Hutchinson, William Ekwurzel, M. D., of Philadelphia, and Miss Mary E. Jameson, adopted daughter of George H. and Susan V. Macy, of Atlantic City.

LITTLE—WILSON.—At the house of the bride's father, No. 212 S. Fifteenth street, Philadelphia, September 17th, 1874, by Rev. John Forsyth, D. D., of West Point, and Rev. Z. M. Humphrey, of Philadelphia, Dr. William S. Little, of New York City, and Mary N., only daughter of Dr. Ellwood Wilson.

PHISTER—CAHILL.—At Mount Auburn, O., Sept. 1, at 8 o'clock P. M., by the Rev. Mr. Gray, Dr. Morris T. Phister, of Ripley, and Miss Anna Cahill, of Mount Auburn.

RICHARDS-TERRY.—At the residence of the bride's parents, Sunnyside, Jefferson county, Kentucky, September 3d, 1874, by the Rev. M. M. Benton, Jr., William L. M. Rickards, M. D., of Philadelphia, Pa., and Mary, second daughter of William Terry, Esq.

SHUTE—KOUNS.—At the residence of the bride's father, Captain I. H. Kouns, on September 2d, 1874, by the Rev. E. W. Howe, Ira E. Shute, M. D., of Kentucky, and Miss Georgia A. Kouns, of Lawrence county, Ohio.

STARR—GILBERT.—At Piermont, N. Y., on Thursday, September 17, 1874, by S. G. Hitchcock, William E. Starr, of New York, and Emma L., daughter of the late H. S. Gilbert, M. D, of New York city.

WAHL—LOWTHER.—On the 9th inst., in the Church of the Incarnation, by Rev. Joseph D. Newlin, Rector, Dr. William H. Wahl and Julia Lowther, both of Philadelphia.

DEATHS.

ARCHER.—In New York city, suddenly, on Sunday, 13th inst., of pneumonia, Dr. Anson S. Archer, son of the late Ellis S. Archer.

BARROWS.—At Eaton Rapids, Michigan, on the 4th inst., Dr. George H. Barrows, of Walnut Hills, Cincinnati, Ohio.

DIMMICK.—At Hopewell, Duchess County, September 9th, 1874, Eveline Hunter, wife of the late Samuel G. Dimmick, M. D., of Newburg, New York.

DRAKE.—At Rahway, N. J., on Wednesday, 2d inst., Julia A., wife of Dr. Lewis Drake, in the 68th year of her age.

ELSTUN.—On Wednesday morning, September 9th, after a long illness, Mrs. Lelia Elstun, wife of the late Dr. W. P. Elstun, of Columbia, Ohio, and eldest daughter of E. S. Turpin.

GERHART.—In this city, on the 13th inst., suddenly, Mary Maud, only child of Dr. Joseph M., and Clara E. Gerhart, aged 15 months.

KIRBY.—In New York city, on Sunday, September 6th, Charlotte Kirby, wife of Stephen R. Kirby, M. D., aged 76 years.

KLAPP.—In Rome, Italy, September 7, 1874, Devereux Klapp, eldest son of the late Dr. William H. Klapp, of this city.

POWERS.—In Woodstock, Vermont, September 9th, Mary E., wife of Dr. Thomas E. Powers, aged 63 years.

WARD.—At New Haven, on Saturday, Aug. 29d, Julia M., wife of Dr. Charles S. Ward and daughter of Rev. Isaac H. Tuttle, D. D., Rector of St. Luke's Church, New York city.